## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED AFTER 1" AMENDMENT AS FILED AFTER 2 MAMENDMENT I"AMENDMENT IND. 2 MAMENDMENT DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. $\overline{3}$ <u>5</u>7 TOTAL IND TOTAL IND

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